

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE: ☒ IXC      ☐ CLEC      ☐ ILEC      ☐ Wireless

218730

**CERTIFICATED COMPANY INFORMATION**

2009-108-C

**Long Distance Consolidated Billing Co.**  
 \_\_\_\_\_  
 Company Name

\_\_\_\_\_ **248-625-3245**  
 Dbaf/ka Telephone #

**20 W. Washington St. Suite 6A**  
 \_\_\_\_\_  
 Mailing Address

**Clarkston, Michigan 48346**  
 \_\_\_\_\_  
 City, State, Zip Code

**Same as above**  
 \_\_\_\_\_  
 Business Location

\_\_\_\_\_ **Oakland**  
 City, State, Zip Code County

**REGISTERED AGENT INFORMATION**

Registered Agent: **TCS Corporate Services Inc.**  
 \_\_\_\_\_

Mailing Address: **2 Office Park Court Suite 103**  
 \_\_\_\_\_

**Columbia, SC 29223** **Phone #888-603-3300**  
 \_\_\_\_\_

City, State, Zip Code

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

- Jan Lowe, President**
- A. **General Manager** (Include Address if different than above)  
**248-625-3245** / **248-625-4337** / **jlowe@ldcb.com**  
 Telephone Number / Facsimile Number / E-mail Address
- April Copeman, Administrative Manager**
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)  
**248-625-3245** / **248-625-4337** / **acopeman@ldcb.com**  
 Telephone Number / Facsimile Number / E-mail Address
- April Copeman, Administrative Manager**
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)  
**248-625-3245** / **248-625-4337** / **acopeman@ldcb.com**  
 Telephone Number / Facsimile Number / E-mail Address
- 888-849-9773**
- C2. **Customer Contact** (Toll Free Number)
- D. **Engineering Operations** (Include Address if different than above)  
 \_\_\_\_\_  
 Telephone Number / Facsimile Number / E-mail Address

**RECEIVED**  
 AUG 25 2009  
 PSC SC  
 DOCKETING DEPT.

E. **Test and Repair** (Include Address if different than above)

\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)

\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

**Janet Willis**

G. **Regulatory Officer** (Include Address if different than above)

**770-956-7525 Ext 1494 / Janet.willis@thomson.com**  
Telephone Number / Facsimile Number / E-mail Address

**April Copeman, Administrative Manager**

H. **Dual Party Mailings** (Name) April Copeman

**20 W. Washington St. Suite 6A- Clarkston, MI 48346**

(Mailing Address)

**248-625-3245 / 248-625-4337 / acopeman@ldcb.com**  
Telephone Number / Facsimile Number / E-mail Address

I. **Interim LEC Fund Mailings** (Name) Janet Willis

**3100 Cumberland Blvd. Ste 900 – Atlanta, GA 30339**

(Mailing Address)

**770-956-7525 Ext 1494 / Janet.willis@thomson.com**  
Telephone Number / Facsimile Number / E-mail Address

J. **Universal Service Fund Mailings** (Name) Janet Willis

**3100 Cumberland Blvd. Ste 900 – Atlanta, GA 30339**

(Mailing Address)

**770-956-7525 Ext 1494 / Janet.willis@thomson.com**  
Telephone Number / Facsimile Number / E-mail Address

K. **Gross Receipts Mailings** (Name) Janet Willis

**3100 Cumberland Blvd. Ste 900 – Atlanta, GA 30339**

(Mailing Address)

**770-956-7525 Ext 1494 / Janet.willis@thomson.com**  
Telephone Number / Facsimile Number / E-mail Address

**April Copeman**

**This form was completed by**

**Administrative Manager**

**Title**

*April Copeman*

**Signature**

*Aug. 20, 2009*

**Date**

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

And

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201